

AUG 24 2004

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FAX TRANSMISSION

TO: Commissioner for Patents
 Attn: Kristen Drosch
 P.O. Box 1450
 Alexandria, VA 22313-1450

DATE: August 24, 2004

FROM: David M. Crompton

OUR REF: 1201.1103101
 TELEPHONE: 612-677-9050

Total pages, including cover letter: 17

PTO FAX NUMBER: 703-872-9306

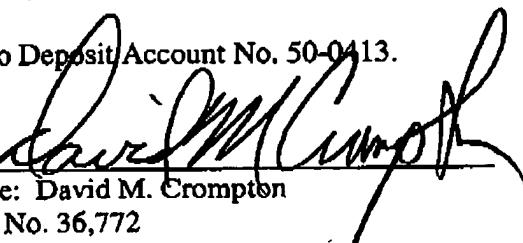
If you do NOT receive all of the pages, please telephone us at (612) 677-9050, or fax us at (612) 359-9349.

Title of Document(s) Transmitted: Transmittal Letter, Petition for a Two-Month Extension of Time, and Amendment After Final

Applicant: Gust H. Bardy et al.
 Serial No.: 09/940,266
 Filed: August 27, 2001
 Group Art Unit: 3762
 Our Ref. No.: 1201.1103101
 Confirmation No.: 5571
 Customer No.: 28075

As indicated in the attached Transmittal Letter, please charge Deposit Account No. 50-0413 in the amount of \$43, Fee Code 2201, and the amount of \$210, Fee Code 2252.

Please charge any additional fees or credit overpayment to Deposit Account No. 50-0413.

By: 
 Name: David M. Crompton
 Reg. No. 36,772

I hereby certify that this paper is being transmitted by facsimile to the U.S. Patent and Trademark Office on the date shown below.

Kathleen L. Boekley
 Name: Kathleen L. Boekley

August 24, 2004
 Date

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Gust H. Bardy et al. Confirmation No.: 5571 AUG 24 2004
 Serial No.: 09/940,266 Examiner: K. Drosch
 Filing Date: August 27, 2001 Group Art Unit: 3762
 Docket No.: 1201.1103101 Customer No.: 28075
 For: BIPHASIC WAVEFORM FORM ANTI-TACHYCARDIA PACING FOR A
 SUBCUTANEOUS IMPLANTABLE CARDIOVERTER-DEFIBRILLATOR

TRANSMITTAL SHEET

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 Commissioner for Patents
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Sir:

CERTIFICATE OF FACSIMILE TRANSMISSION UNDER 37 C.F.R. §1.8 (1)(i)(B))
 I hereby certify that this paper is being facsimile transmitted to the United States Patent and Trademark Office
 at 703-872-9306 on the date shown below.

Kathleen L. Boekley

Type or print name of person signing certification

Kathleen L. Boekley August 24, 2004

Signature

Date

We are transmitting herewith the attached:

- [XX] Amendment
 [] No additional claim fee required
 [XX] The claim fee has been calculated as shown:

CLAIMS AS AMENDED							
	(3)	(4)	(5)	SMALL ENTITY		OTHER	
	REMAINING CLAIMS	HIGHEST PAID	EXTRA	RATE	ADD'L FEE	RATE	ADD'L FEE
TOTAL CLAIMS	15 -	120 =	0	X 9=	\$0	X 18=	\$
INDEPENDENT CLAIMS	4 -	5 =	1	X 43=	\$43	X 86 =	\$
() FIRST MULTIPLE DEPENDENT CLAIM				+ 145 =	\$0	+ 290 =	\$
TOTAL				\$43		\$	

[XX] Small entity status of this application under 37 C.F.R. §§ 1.9 and 1.27 has been established.

[XX] Other: PETITION FOR A TWO-MONTH EXTENSION OF TIME.

[XXXX] Please charge fees to Deposit Account No. 50-0413 as follows:

Fee Code 2201	\$ 43.00
Fee Code 2252	\$210.00

Please charge any deficiencies or credit any overpayments of the fees to Deposit Account No. 50-0413

By:

David M. Crompton, Reg. No. 36,772

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